

APPENDIX D

Regional Reduced Fare Permit Program

April 29, 2003

Note:

In the event of a discrepancy between this Appendix and the Contract specifications, the specifications shall govern.

This application is available in accessible format.

Application for Regional Reduced Fare Permit

For Senior Citizens and Disabled Persons

– For Office Use Only –	
ID #	_____
PCA	_____
<input type="checkbox"/> Temporary	
<input type="checkbox"/> Permanent	
Date	_____

Please Print

Name _____ Social Security No. _____
First Middle Last

Address _____
Street City State ZIP

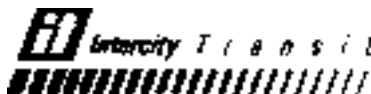
Date of Birth _____ Phone No. _____

Please read the applicant section of the *Medical Eligibility Criteria and Conditions* brochure before completing this application.

I am applying for a Regional Reduced Fare Permit on the following basis. Please check only one.

- ☐ I am 65 years of age or older.
- ☐ I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability. (For issuance of a Temporary Regional Reduced Fare Permit only.)
- ☐ I am providing proof of current eligibility by the Veterans Administration as having a disability of at least 40%.
- ☐ I am presenting a valid Medicare card issued by the Social Security Administration. (For issuance of a Temporary Regional Reduced Fare Permit only.)
- ☐ I am providing a valid Regional ADA paratransit card, issued by _____ (Agency).
This ADA paratransit card expires _____.
- ☐ I am providing a valid ADA paratransit card from outside the region. (For issuance of a Temporary Regional Reduced Fare Permit only.)
- ☐ I have an obvious physical impairment(s) meeting one or more of the medical criteria listed in the *Medical Eligibility Criteria and Conditions* brochure.
- ☐ I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). (For issuance of a Temporary Regional Reduced Fare Permit only.)
- ☐ I am medically disabled as certified by a Physician, Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.) or Audiologist, licensed in the State of Washington. **See Health Care Providers Certification form on the reverse side of this application.**
This agency reserves the right to contact your Health Care Provider for verification.

Applicant's Signature _____ Date _____



For more information and additional copies of the eligibility criteria, call (206) 553-3060.

Regional Reduced Fare Permit – Certification of Eligibility

Applicant's Release

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that the transit agency issuing this permit shall have the right and opportunity to verify my eligibility for a Regional Reduced Fare Permit. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Reduced Fare Permit and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Please Print

Name _____ Phone No. _____
First Middle Last

Address _____
Street City State ZIP

Applicant's Signature _____ Date _____

This Section To Be Completed By The Following Approved Health Care Provider:

Washington State-licensed: • Physician (M.D.) • Psychiatrist • Psychologist (Ph.D.)
• Audiologist certified by the American Speech, Language and Hearing Association
• Physician's Assistant (P.A.) • Advanced Registered Nurse Practitioner (A.R.N.P.)

Signatures of Health Care Providers other than those above are not acceptable.

Instructions:

1. This applicant must meet at least one of the criteria and conditions listed in the *Medical Eligibility Criteria and Conditions* brochure.
2. The specific *Medical Eligibility Criteria* number must be noted in the space provided.
3. If Section 6.4 (emotionally disturbed) is used, this person must be diagnosed by you as being "Substantially Disabled." The appropriate subsection (a, b or c) must be included along with the name and phone number of the work activity center, training or rehabilitation program in which this patient is currently a patient.
Note: An applicant's enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet eligibility requirement.
4. An applicant's financial situation has no bearing on eligibility.

This section is to be completely filled out by the approved Health Care Provider.

I certify that _____ meets the Medical Eligibility Criteria _____
(Applicant) (SECTION & SUBSECTION Number)

If Section 6.4, (a, b or c) enter name of qualifying program: _____

Please check the appropriate boxes:

Yes No

☐ ☐ The disability is Temporary. Specify length of disability: _____ months. A temporary disability must be expected to last at least three months, but no longer than one year.

☐ ☐ The disability is Permanent.

☐ ☐ This applicant requires a Personal Care Attendant (if yes: ☐ temporary; ☐ permanent)

Verification of Approved Health Care Provider

Please Print

Name _____ Phone No. _____

Provider or Agency Address _____

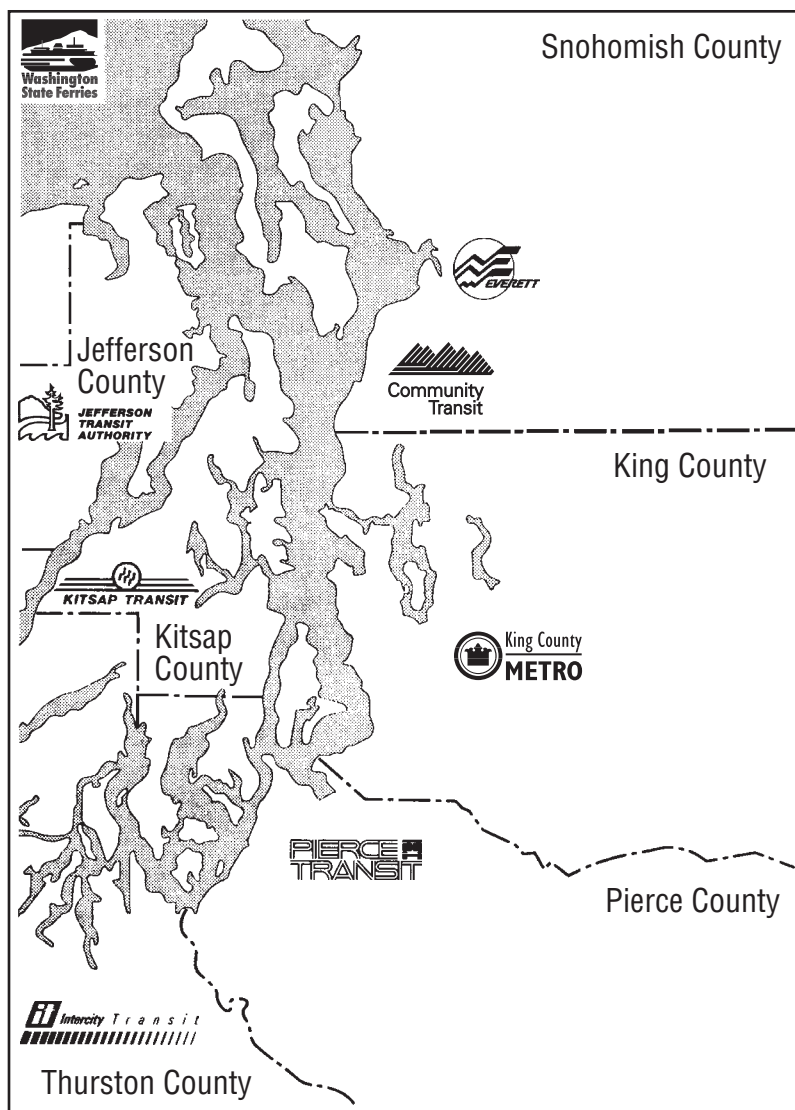
Washington State License No. _____

Signature _____ Date _____

I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Regional Reduced Fare Permit For Senior and Disabled Persons

Medical Eligibility Criteria and Conditions



Regional Reduced Fare Permit for Senior and Disabled Persons

What is it?

The Regional Reduced Fare Permit simplifies travel for senior and disabled riders of public transportation around Puget Sound. The following public transportation systems in the Puget Sound region recognize this identification card:

- Community Transit
- Everett Transit
- Intercity Transit
- Jefferson Transit
- Kitsap Transit
- Metro Transit
- Pierce Transit
- Seattle Waterfront Streetcar
- Seattle Monorail
- Washington State Ferries.

With the Regional Reduced Fare Permit, eligible persons do not need to carry more than one permit to receive reduced-fare benefits of multiple systems within the region.

Who is eligible?

Any person who presents proof of one or more of the following conditions can obtain a Regional Reduced Fare Permit:

1. Is at least 65 years of age.
2. Is now eligible for Social Security Disability Benefits or now receives Supplemental Security Income Benefits because of disability. (Temporary)
3. Is currently certified by the Veterans Administration at a 40 percent or greater disability level.
4. Has a valid Medicare card issued by the Social Security Administration. (Temporary)
5. Has a valid Regional ADA Paratransit card.
6. Has a valid ADA Paratransit card from outside the region. (Temporary)
7. Has obvious physical impairments meeting one or more of the medical criteria listed to the right.
8. Is currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). (Temporary)
9. Is certified by a Washington State-licensed physician (M.D.), psychiatrist, psychologist (Ph.D.) or audiologist (certified by the American Speech and Hearing Association) as meeting one or more of the medical criteria listed to the right.

Where is it issued?

Any eligible person may apply for a Regional Reduced Fare Permit at the customer service offices of any of the participating transit agencies. Washington State Ferries, Seattle Waterfront Streetcar and Seattle Monorail do not issue the permits but will honor those issued by any of the other systems. Any applicant with a valid Regional ADA Paratransit card must apply to the transit agency where that person lives.

How long is it valid?

Permits issued to persons 65 or older and to persons permanently disabled will be valid indefinitely. No renewal is necessary. Persons with disabilities that will last between three months and one year may receive temporary permits. These permits, which carry an expiration date, may be renewed only if the disability continues beyond that date. Persons certified by approved health care providers as permanently disabled may receive permanent permits. Participating agencies retain the right to ask for recertification upon loss of a permit or at any other time.

What does it cost?

An individual must pay a fee of \$3 to obtain the permit. Replacement permits may be obtained from the issuing agency for \$3 or less.

How does it work?

The permit is an identification card used as proof of eligibility to pay a reduced fare. The permit has no cash value and may not be used as a transfer between systems. **The permit holder must pay the amount of the reduced fare on each system used, and use of the permit is subject to any time restrictions in effect by each system.**

Questions?

If you have comments or questions regarding the Regional Reduced Fare Permit, please contact your local agency. Participating agencies are listed on the last page of this brochure.

Health Care Provider

Medical Eligibility Criteria

SECTION 1. NON-AMBULATORY DISABILITIES

1. **Wheelchair-User.** Impairments which, regardless of cause, confine individuals to wheelchairs.

SECTION 2. SEMI-AMBULATORY PHYSICAL DISABILITIES

1. **Restricted Mobility.** Impairments which cause individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility, or birth defects and other muscular/skeletal disabilities, including dwarfism, causing mobility restriction.
2. **Arthritis.** Persons who suffer from arthritis causing a functional motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic handicap.)
3. **Loss of Extremities.** Persons who suffer anatomical deformity of or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.
4. **Cerebrovascular Accident.** Persons displaying one of the following, four months post-CVA:
 - a. Pseudobulbar palsy or
 - b. Functional motor defect in any of two extremities, or
 - c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
5. **Respiratory.** Persons suffering respiratory impairment (dyspnea) of Class 3 or greater as defined by "Guides to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Association, 194:919 (1965).
6. **Cardiac.** Persons suffering functional classifications III or IV and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels - Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).
7. **Dialysis.** Persons who must use a kidney dialysis machine in order to live.
8. **Disorders of Spine.** Persons disabled by one or more of the following:
 - a. Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss; or
 - b. Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra; or
 - c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
 - 1) Calcification of the anterior and lateral ligaments as shown by x-ray; or
 - 2) Bilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.
9. **Nerve Root Compression Syndrome.** A person disabled due to any cause by:
 - a. Pain and motion limitation in back of neck; and
 - b. Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.
10. **Motor.** Persons disabled by one or more of the following:
 - a. Faulty coordination or palsy from brain, spinal or peripheral nerve injury; or
 - b. A functional motor deficit in any two limbs; or
 - c. Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.
11. **HIV Disease.** A person disabled by HIV disease who meets Social Security eligibility criteria or who meets Washington State (GAU/ Welfare) medical criteria.

SECTION 3. VISUAL DISABILITIES

1. Persons disabled because of:
 - a. Visual acuity of 20/200 or less in the better eye with correcting lenses; or

- b. Contraction of visual field:
 - 1) So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees; or
 - 2) To 10 degrees or less from the point of fixation; or
 - 3) To 20 percent or less visual field efficiency.

2. Persons who, by reason of a visual impairment, do not qualify for a Driver's License under regulations of the Washington State Department of Motor Vehicles.

SECTION 4. HEARING DISABILITIES

1. Persons disabled because of hearing impairments manifested by one or more of the following:
 - a. Better ear pure tone average of 90 dB HL (unaided) for tones at 500, 1000, 2000 Hz; or
 - b. Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.
2. Eligibility may be certified by a physician licensed by the State of Washington or by an audiologist certified by the American Speech, Language, Hearing Association.

SECTION 5. NEUROLOGICAL DISABILITIES

1. **Epilepsy**
 - a. Persons disabled by reason of:
 - 1) A clinical disorder involving impairment of consciousness, characterized by uncontrolled seizures (grand real or psychomotor) substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 - a) Diurnal episodes (loss of consciousness and convulsive seizure); or
 - b) Nocturnal episodes which show residuals interfering with activity during the day, or
 - c) A disorder involving petit mal or mild psychomotor seizures substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 - i. Alteration of awareness or loss of consciousness; and
 - ii. Transient postictal manifestations of conventional or antisocial behavior.
 - b. Persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.
2. **Neurological Handicap.** A person disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

SECTION 6. MENTAL DISABILITIES

1. **Developmental Disabilities.** A person disabled due to mental retardation or other conditions found to be closely related to mental retardation or to require treatment similar to that required by mentally retarded individuals and:
 - a. The disability originates before such individual attains age 18,
 - b. Has continued, or can be expected to continue, indefinitely, and
 - c. The disability constitutes a substantial handicap to such individual.
2. **Adult Mental Retardation.** Persons who by reason of accident or illness occurring after age 18 are in a substantially similar condition to a developmentally disabled individual.
3. **Autism.** Persons disabled by reason of a syndrome described as consisting of withdrawal, very inadequate social relationships, language disturbances, and monotonously repetitive motor behavior appearing generally before the age of six and characterized by severe withdrawal and inappropriate response to extended stimuli.
4. **Mentally Disordered Disabilities (Emotionally Disturbed).**
TEMPORARY PERMITS ONLY. Those persons diagnosed as substantially disabled by mental disturbances who meet at least one of the following criteria:
 - a. Are living in a board and care home and receiving state or federal financial assistance and participate in a state or federally funded work activity center or workshop.
 - b. Are living at home under supervision and participation in a state or federally funded state or federal work activity center or workshop.
 - c. Are participating in any training or rehabilitation program established under federal, state, county or city governmental agencies.



COMMUNITY TRANSIT

Customer Assistance Center
1133 164th St. S.W., Suite 102 • Lynnwood, WA 98037
(425) 353-RIDE • (425) 348-2350
Toll Free 1-800-562-1375 • TDD (425) 778-2188



EVERETT TRANSIT

2823 Hoyt Ave. • Everett, WA 98201
(425) 259-8730 • TDD (425) 778-2188 • Everett ParaTransit (425) 259-8801



INTERCITY TRANSIT

526 S. Pattison St. • P.O. Box 659 • Olympia, WA 98507
(360) 786-2882 • TDD (360) 943-5211
Toll Free 1-800-244-6846 • Dial A Lift (360) 754-9393



JEFFERSON TRANSIT

1615 W. Sims way • Port Townsend, WA 98368
(360) 385-4777 • TDD 1-800-833-6388
Toll Free 1-800-773-7788 • Dial-A-Ride (toll free) 1-800-436-7433



KITSAP TRANSIT

234 S. Wycoff • Bremerton, WA 98312
(360) 373-BUSS • From Seattle: (206) 242-8355
Kitsap ACCESS (toll-free) 1-800-422-BUSS • TDD (360) 377-9874



METRO TRANSIT

821 Second Ave. • Seattle, WA 98104
(206) 553-3000 • Toll Free 1-800-542-7876 • TDD (206) 684-1739



PIERCE TRANSIT

The Bus Shop • 930 Commerce • Tacoma, WA 98402
The Bus Shop • Lakewood Mall, Suite 9 • Lakewood, WA 98499
(253) 581-8000 • Toll Free 1-800-562-8109 • TDD (243) 582-7951
SHUTTLE (253) 581-8100 • (toll free) 1-800-841-1118 • TDD (253) 582-7963



WASHINGTON STATE FERRIES

Colman Dock • Seattle, WA 98104
(206) 464-6400 • Toll Free 1-800-84-FERRY
 TDD 1-800-833-6388 • (Braille) 1-800-833-6385

The Regional Reduced Fare Permit is a cooperative program developed through the Puget Sound Regional Council with support from the Federal Transit Administration and public agencies in the Puget Sound region.